

**Department of Public Health and Social Services  
Division of Environmental Health  
Food Establishment Inspection Report**

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INSPECTION	RSN	TYPE	GRADE	INSPECTION DATE		ESTABLISHMENT NAME	
Regular			<u>0</u>	<u>03 / 12 / 2018</u>		<u>ORIENTAL KITCHEN</u>	
Follow-up	<u>✓</u>	<u>✓</u>		TIME IN	TIME OUT	PERMIT HOLDER	
Complaint			RATING	<u>2:00 PM</u>	<u>2:30 PM</u>	<u>CHAN, TED EK</u>	
Investigation			<u>A</u>	SANITARY PERMIT NO.		LOCATION (Address)	
Other:				<u>170001862</u>		<u>RT. 10 MANGILAO</u>	
ESTABLISHMENT TYPE				AREA	TELEPHONE	No. of Risk Factor/Intervention Violations	RISK CATEGORY
<u>RESTAURANT</u>				<u>4</u>	<u>734-5110</u>	<u>0</u>	<u>3</u>
				No. of Repeat Risk Factor/Intervention Violations <u>0</u>			

**FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS**

Circle designated compliance (IN, OUT, N/O, N/A) for each numbered item. Mark "X" in appropriate box for COS and/or R.

IN = In compliance OUT = Not in compliance N/O = Not observed N/A = Not applicable COS = Corrected on-site during inspection R = Repeat violation PTS = Demerit points

Compliance Status				COS	R	PTS
<b>Supervision</b>						
1	IN	OUT	Person in charge present, demonstrates knowledge, and performance duties			6
<b>Employee Health</b>						
2	IN	OUT	Management awareness; policy present			6
3	IN	OUT	Proper use of reporting, restriction & exclusion			6
<b>Good Hygienic Practices</b>						
4	IN	OUT	N/A	N/O	Proper eating, tasting, drinking, betelnut, or tobacco use	6
5	IN	OUT	N/A	N/O	No discharge from eyes, nose, and mouth	6
<b>Preventing Contamination by Hands</b>						
6	IN	OUT	N/A	N/O	Hands clean and properly washed	6
7	IN	OUT	N/A	N/O	No bare hand contact with ready-to-eat foods or approved alternate method properly followed	6
8	IN	OUT			Adequate handwashing facilities supplied & accessible	6
<b>Approved Source</b>						
9	IN	OUT			Food obtained from approved source	6
10	IN	OUT	N/A	N/O	Food received at proper temperature	6
11	IN	OUT			Food in good condition, safe, and unadulterated	6
12	IN	OUT	N/A	N/O	Required records available: shellstock tags, parasite destruction	6
<b>Protection from Contamination</b>						
13	IN	OUT	N/A		Food separated and protected	6
14	IN	OUT	N/A		Food contact surfaces: cleaned & sanitized	6
15	IN	OUT			Proper disposition of returned, previously served, reconditioned, and unsafe food	6
<b>Potentially Hazardous Food (TCS Food)</b>						
16	IN	OUT	N/A	N/O	Proper cooking time and temperatures	6
17	IN	OUT	N/A	N/O	Proper reheating procedures for hot holding	6
18	IN	OUT	N/A	N/O	Proper cooling time and temperature	6
19	IN	OUT	N/A	N/O	Proper hot holding temperatures	6
20	IN	OUT	N/A		Proper cold holding temperatures	6
21	IN	OUT	N/A	N/O	Proper date marking and disposition	6
<b>Consumer Advisory</b>						
22	IN	OUT	N/A		Consumer Advisory provided for raw or undercooked foods	6
<b>Highly Susceptible Populations</b>						
23	IN	OUT	N/A		Pasteurized Foods used; prohibited foods not offered	6
<b>Chemical</b>						
24	IN	OUT	N/A		Food additives: approved and properly used	6
25	IN	OUT			Toxic substances properly identified, stored, used	6
<b>Conformance with Approved Procedures</b>						
26	IN	OUT	N/A		Compliance with variance, specialized process, and HACCP plan	6

Risk factors are improper practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Public Health interventions are control measures to prevent foodborne illness or injury.

**GOOD RETAIL PRACTICES**

Good Retail Practices are preventative measures to control the introduction of pathogens, chemicals, and physical objects into foods.

Mark "X" in box: If numbered item is not in compliance and/or if COS and/or R. COS = Corrected on-site during inspection R = Repeat violation PTS = Demerit points

Compliance Status				COS	R	PTS
<b>Safe Food and Water</b>						
27			Pasteurized eggs used where required			1
28			Water and Ice from approved source			2
29			Variance obtained for specialized processing methods			1
<b>Food Temperature Control</b>						
30			Proper cooling methods used; adequate equipment for temperature control			1
31			Plant food properly cooked for hot holding			1
32			Approved thawing methods used			1
33			Thermometer provided and accurate			1
<b>Food Identification</b>						
34			Food properly labeled; original container			1
<b>Prevention of Food Contamination</b>						
35			Insects, rodents, and animals not present			2
36			Contamination prevented during food preparation, storage & display			1
37			Personal cleanliness			1
38			Wiping cloths: properly used and stored			1
39			Washing fruits and vegetables			1
<b>Proper Use of Utensils</b>						
40			In-use utensils: properly stored			1
41			Utensils, equipment and linens: properly stored, dried, handled			1
42			Single-use/single-service articles: properly stored, used			1
43			Gloves used properly			1
<b>Utensils, Equipment and Vending</b>						
44			Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used			1
45			Warewashing facilities: installed, maintained, used; test strips			1
46			Nonfood-contact surfaces clean			1
<b>Physical Facilities</b>						
47			Hot & cold water available, adequate pressure			2
48			Plumbing installed; proper backflow devices			2
49			Sewage and wastewater properly disposed			2
50			Toilet facilities: properly constructed, supplied, & cleaned			2
51			Garbage/refuse properly disposed; facilities maintained			2
52			Physical facilities installed, maintained, and clean			1
53			Adequate ventilation and lighting; designated areas use			1

I have read and understand the above violation(s), and I am aware of the corrective measures that shall be taken.

Person in Charge (Print and Sign)	Date:
<u>LI TIEN TSUN</u>	<u>03-12-18</u>
DEH Inspector (Print and Sign)	Follow-up (Circle one): YES (NO)
<u>K. DELMUNDO</u>	<u>N/A</u>
	Follow-up Date
	<u>N/A</u>



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ESTABLISHMENT NAME <b>ORIENTAL KITCHEN</b>		LOCATION (Address) <b>RT. 10 MANGILAO</b>
INSPECTION DATE <b>03 / 12 / 2018</b>	SANITARY PERMIT NO. <b>170001862</b>	PERMIT HOLDER <b>CHAN, TED EK</b>

**TEMPERATURE OBSERVATIONS**

Item/Location	Temperature (° F)	Item/Location	Temperature (° F)
<b>BEAN SOUP / REACH-IN CHILLER SERVING LINE</b>	<b>41.9</b>		

ITEM NO.	OBSERVATIONS AND CORRECTIVE ACTIONS	CORRECT BY DATE
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Violations cited in this report must be corrected within the time frames indicated, or as stated in Sections 8-405.11 and 8-406.11 of the Guam Food Code.

**A FOLLOW-UP INSPECTION WAS CONDUCTED IN RESPONSE TO A REQUEST BY THE ESTABLISHMENT. PREVIOUS INSPECTION DONE ON 03/09/18 WHICH RESULTED IN A 18/D.**

**THE FOLLOWING VIOLATIONS WERE CORRECTED: # 14, 20, AND 21**

**NO NEW VIOLATIONS OBSERVED.**

**REMOVED "D" PLACARD NO. 00244 AND NOTICE OF CLOSURE ISSUED "A" PLACARD NO. 01919 POSTED ON FRONT DOOR**

**SANITARY PERMIT SHALL BE RE-INSTATED AFTER A \$100.00 RE-INSTATEMENT FEE IS PAID TO DPHSS.**

**ISSUED SANITARY PERMIT RE-INSTATEMENT PAYMENT ROUTING SLIP AND VERBALLY PROVIDED GUIDANCE ON PAYMENT PROCESS.**

**BRIEFED MANAGER, LI TIEN TSUI, ON ABOVE.**

Based on the inspection today, the items listed above identify violations which shall be corrected by the date specified by the Department. Failure to comply may result in further regulatory actions. If seeking to appeal the result of this inspection, a written request for hearing must be submitted to the Director before the indicated correction date.

Person In Charge (Print and Sign)

**LI TIEN TSUI**

DEH Inspector (Print and Sign)

**K. DELMUNDO**

Date:

**03-12-18**

Date:

**03/12/18**

# RE-INSPECTION REQUEST

TO: Division of Environmental, DPHSS  
Facsimile No. (671) 734-5556 or (671) 300-9577

FROM: Oriental Kitchen  
ESTABLISHMENT NAME

TED CHAN  
OWNER/MANAGER

SUBJECT: Request for Re-Inspection

Our establishment was inspected on 03/09/18 by K. DEL MUNDO  
Date Name of EPHO Inspector

resulting a letter grade of 18/D. I have performed the following to correct the violation(s).

Item No.	Specific/Detailed Action(s) Taken Correcting the Violation(s)
14	Wash in 3-compartment sink.
	First compartment — warm water w/dishwashing liquid.
	2nd compartment — Rins w/clean water
	3th compartment — sanitizing, use clorex 100 in one gall. water.
	AIR DRY.
20	cold food — Adjusted the temprera ture below 41°F
21	FOOD IN REFRIGERATOR WAS properly MARKED. DATE AND CONTAINED ITEMS.

I am requesting a re-inspection of this establishment on \_\_\_\_\_ at \_\_\_\_\_ or at your earliest convenience.

If you should have any questions, please call me at \_\_\_\_\_. Thank you.

LI TIEN TSUI  
PRINT NAME

Li Tien Tsui  
SIGNATURE

03-12-18  
DATE